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ABSTRACT

The SUCCESS program of the Des Moines (Iowa) public schools serves children, youth, and families experiencing conditions that put them at risk of not achieving the goals of their educational programs or thriving in their families or communities. SUCCESS integrates community resources within the school system in family resource centers. The following innovative strategies distinguish SUCCESS from other school district programs: (1) case management for families; (2) human services staff located in the schools; and (3) referral to outside agencies and intensive follow-up. Services were offered for the first time in the fall of 1990. Approximately 270 children and youth and their families have benefitted. This document represents the first formal evaluation of services and outcomes. Students who received case management services made progress in the following areas: (1) attendance; (2) grade point averages; (3) reduced suspensions; (4) re-enrollment of dropouts; (5) participation in extracurricular activities; and (6) family environments. Students and parents had positive reactions and generally perceived that services have been helpful. Further plans for SUCCESS include establishment of realistic criterion levels for judging program outcomes, as well as specific goals for implementation. Data from the evaluation are provided in six tables and five figures. Six appendices contain an individual services report and surveys used in program operation. (SLD)

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ED340804

Des Moines Independent Community Schools
SUCCESS Program
501 Holcomb Ave.
Des Moines, Iowa 50313

Planning/Evaluation Report
for
1990-91

SUCCESS Program

Dr. Ronald Sallade
Supervisor

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September, 1991

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SUCCESS Program
Evaluation Abstract

Synopsis of Program Description

The SUCCESS Program, provided at Moulton Elementary, Harding Middle, and North High schools, empowers children and youth to succeed in school, graduate, and become employable and contributing members of their community, and to remain healthy and drug-free. Children, youth, and families who are eligible to receive program services are those who are experiencing conditions which place them at risk of not achieving the goals of their educational programs or thriving in their families and community.

Key strategies used by SUCCESS Program staff to assist children, youth and families in achieving individually identified goals are:

- direct services through collaboration and coordination with the many health, social, employment, mental health, and other services available in the community
- re-positioning of human service agency staff within the schools so services are better coordinated and accessible
- intensive case management services
- advocacy for children, youth, and families in need of services

Budget Summary

The SUCCESS Program is funded from two primary sources: Iowa Department of Education (HF 535) and the private sector. In addition to the $234,000 in state grant funds, $114,000 was generated from private contributors during the 1990-91 school year.

Staff costs for the SUCCESS Program, including benefits on salaries, were approximately $195,421. Instructional materials, supplies, remodeling of facilities at North, and office equipment were budgeted at $43,207. Staff mileage and enrichment activities for students comprised another $13,098 of the budget. Private sector funds which were unspent from the first year will be used in subsequent years.

Staff Summary

The Supervisor of the New Horizons Program provides leadership which will maintain the integrity of the SUCCESS Program's mission and provides management in order for the program to operate in an effective and efficient manner. The Supervisor of the New Horizons Program reports to the Executive Director for Middle and High School Programs and directly supervises the SUCCESS Program Manager who is officed at the North High School Family Resource Center. The Supervisor also has a consultative relationship with the Center Coordinator officed at the North High School Family Resource Center, five case managers assigned to Moulton (1), Harding (1), and North (3), and one full-time nurse at each of the program schools.

The SUCCESS Program Manager is responsible for overall daily management of the program and for coordination of services and activities with appropriate school and community resources. This individual directs the work of one secretary and has a consultative relationship with the Center Coordinator, five case managers, and three school nurses.

The principals of Moulton Elementary, Harding Middle, and North High schools directly supervise the work of program staff assigned to these buildings.

Program Overview

In response to the needs of children, youth, and families at risk and the growing awareness that essential services are fragmented, duplicated, or not easily accessed by those most in need, the SUCCESS Program integrates community resources within the school system in Family Resource Centers, where students and families are most accessible. Three innovative strategies are used by staff of the SUCCESS Program which distinguish it from other District offerings:

- **CASE MANAGEMENT** services are provided by professional staff in ratios not to exceed one staff person to 20 families. Families receiving case management services require intensive assessment of need, identification of personal goals, coordination of services, advocacy in accessing services, and follow-up.

- **HUMAN SERVICES STAFF FROM OTHER AGENCIES ARE RE-POSITIONED** at Family Resource Centers located in each program school. Services provided by these staff to those receiving case management services as well as those needing less intensive interventions include:

  -Health
  -Substance Abuse Counseling
  -Employment
  -Mental Health
  -Social Services
  -Basic Needs

- **REFERRAL TO OUTSIDE AGENCIES AND INTENSIVE FOLLOW-UP** are provided when services are not available in the Family Resource Centers. During the 1990-91 school year, staff made a total of 387 referrals to outside agencies, of which 296, or 76.48 percent, resulted in services being received.

The services provided to approximately 270 children, youth, and their families through the SUCCESS Program in collaboration with numerous community agencies motivated students and their families to resolve issues which had previously prevented them from being successful in school.

Major Outcomes/Results Summary

Staff of the SUCCESS Program offered services for the first time in the Fall of 1990. The following document represents the first formal evaluation of services that were provided and outcomes occurring as a result of those services. The specific strategies of case management and re-positioning of agency staff within the school were designed to ensure that children, youth, and their families received services which were easily accessible, efficiently linked them to human/social service providers, facilitated collaborative planning and made the most economic and effective use of limited resources, were responsive to the full range of needs of the individual as they changed over time, assisted individuals in gaining access to needed services in a timely and efficient manner, and met children's/youths' assessed needs.

Students who received case management services made progress in the areas of improved attendance, grade point averages, reduced suspensions, re-enrollment in school if they had dropped from school, participation in extracurricular activities, and in their family environments. Students and parents both had positive responses to program services and generally perceived that these services had been helpful.

A majority of program administrative, staff, and student objectives were met even though strategic performance objectives were not met. The criterion levels for

student performance objectives were written prior to any experience with the target population's response to program interventions. More realistic criterion levels will be reflected in revised objectives.

Future Plans

As funds are available, future plans provide for the addition of case managers at Moulton Elementary and Harding Middle School and a center coordinator at Harding Middle School. In addition, an area has been identified at Harding Middle School and a floor plan designed for creation of a Family Resource Center with confidential, professional office space similar to that which was developed at North High School. This would allow additional staff to be re-positioned from other agencies to offer students and their families services within the school setting.

Mentoring/tutoring services will be greatly expanded through the addition of three VISTA volunteers during the Fall of 1991. These volunteers will be assigned to work with United Way of Central Iowa for the purpose of develop mentoring programs at each SUCCESS Program school. They will recruit volunteers who will receive formal training through a national mentoring program developed by United Way.

As an additional joint effort with United Way of Central Iowa, outreach to out-of-school youth will be expanded. Options for adding a case manager who would work exclusively with out-of-school youth are being explored at this time with United Way of Central Iowa.

Staff of the SUCCESS Program will also:

- review and revise objectives related to student outcomes to more accurately reflect the impact of services
- improve identification of measurable objectives in case management plans
- expand the number of re-positioned staff in Family Resource Centers in the areas of mental health and employment
- educate students about mental health services in order to increase their acceptance of such services and their seeking of help when needed
- develop a process for interdisciplinary staffings of case management students
- expand workshops presented by staff
- continue to apply computer technology to assist in data collection and as an innovative approach to working with families in designing genograms (a diagram which illustrates generational issues) and monitoring progress with case management plans; share this knowledge with comparable programs in the state
- improve follow-up with outside agencies

A copy of the complete report is available upon request from the Department of Information Management, Des Moines Public Schools, 1800 Grand Avenue, Des Moines, Iowa 50309-3399. Telephone: 515/242-7839.

Planning/Evaluation Report

for

1990-91

SUCCESS Program

Dr. Barbara Prior, Executive Director, Middle and High School Programs

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Ms. Cynthia Erickson, Program Manager

Des Moines Independent Community School District

Des Moines, Iowa 50309-3399

September, 1991

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DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT

DES MOINES, IOWA

DISTRICT MISSION STATEMENT

"The Des Moines Independent Community School District will provide a quality educational program to a diverse community of students where all are expected to learn."

SUCCESS PROGRAM MISSION STATEMENT

"The SUCCESS Program of the Des Moines Public Schools will provide school-based case management services and coordination of human services and community resources to meet the needs of children, youth, and their families to assure that they thrive at home and achieve in their schools and communities."

CONTEXT EVALUATION

History

In April of 1988, a local service organization, Community Focus, Inc., began a study of needs of the Des Moines community. This group conducted a survey of needs in June of 1988. By October of 1989, results of the survey had been analyzed, and children at risk emerged as a priority need.

Paralleling the work of Community Focus, Inc., in the fall of 1988, District administrators began to formally review programs serving youth at risk. District staff participated in a compressed planning conference in May of 1989 for the purposes of:

- exploring community dynamics that place youth at risk,
- discussing policies, strategies, and procedures in collaborative arrangements which could provide flexibility in order to meet the needs of youth,
- assessing current strategies to meet needs, and
- determining which unmet needs were not being addressed satisfactorily.

A Youth At-Risk Task Force, which later became the Youth At-Risk Coalition, was formed to follow-up on this strategic planning. This group continues to meet for the purpose of addressing issues of children and youth at risk.

In November of 1989, Community Focus, Inc., requested that United Way of Central Iowa become the lead agency to further study the issues of children at risk and develop appropriate programming. The Children At-Risk Planning Council and Executive Committee, facilitated by United Way of Central Iowa, was organized in March of 1990 and continues to meet. Members of the Council are selected to provide broad-based representation and included those who provide services, those who use services, and those who fund community services. District staff are represented on this Planning Council.

The mission of the Council is to:

- integrate human services planning efforts,
- provide for the exchange of information, and
- develop common goals and strategies to address the needs of the increasing numbers of children and youth in the Des Moines community who are at high risk.

The Council meets every second month to continue to prioritize the unmet needs of youth and to plan for and review a coordinated, comprehensive approach for meeting these critical needs.

When funds became available through the Department of Education (HF 535) for local education agencies to develop school-based youth services, the New Horizons Program of the Des Moines Public Schools took the lead in applying for a program grant. This was done in partnership with United Way of Central Iowa and with the support of Community Focus, Inc., and the membership of the Children At-Risk Planning Council. The New Horizons Program was awarded a four-year grant to provide school-based youth services through the SUCCESS Program beginning July 1, 1990.

Policies, Standards, and Regulations

Services provided by the SUCCESS Program are a part of the District's overall plan to meet the state standards for students at risk. The state standard is as follows (12.5 [13] Provision for At-Risk Students):

"The board shall have a plan to identify and provide special assistance to students who have difficulty mastering the language, academic, cultural, and social skills necessary to reach the educational levels of which they are capable. The plan shall accommodate students whose aspirations and achievement may be negatively affected by stereotypes linked to race, national origin, language background, gender, income, family status, parental status, and disability.

"The plan shall include strategies for identifying at-risk students and objectives for providing support services to at-risk students. These objectives shall be translated into performance objectives for all school personnel. The plan shall also include provisions for in-service training for school personnel; strategies and activities for involving and working with parents; provisions for monitoring the behavioral, social and academic improvements of at-risk students; provisions for appropriate counseling services; strategies for coordinating school programs and community-based support services; and maintenance of integrated educational environments in compliance with federal and state nondiscrimination legislation."

Current Program Description

(a) Content and Enrollment

The SUCCESS Program provides services to children, youth, and their families through three primary strategies:

- **DIRECT PROVISION OF SERVICES** at Family Resource Centers located in each program school. These services are provided by SUCCESS staff or staff who have been re-positioned from other agencies to provide services in the Family Resource Center. Assistance is provided in the areas of health, substance abuse, mental health, employment, basic needs, and social services to any family member who is identified for services.

- **CASE MANAGEMENT** is available to selected children, youth and their families who require intensive assessment of need, identification of personal goals, coordination of services, advocacy in accessing services, and follow-up.

- **REFERRAL TO OUTSIDE AGENCIES AND INTENSIVE FOLLOW-UP** are provided when services are not available in the Family Resource Centers.

(b) Strategies and Methods

To address issues which place children and youth at risk of not succeeding in their educational programs and to improve the human services delivery system, the SUCCESS Program provides employment, health, mental health, and social services in a comprehensive "one-stop shopping" manner at the most accessible location for children and youth--the public school where they attend. Consolidating services in schools provides access to the majority of a community's children and youth and their families on a regular and continuing basis. The staff of the Family Resource Centers are either re-positioned in the school centers by community agencies on a full-time or part-time basis or are employed by the program.

Each Family Resource Center provides a menu of services designed to meet the needs of children and youth attending school in which the center is located. Services are also available to out-of-school youth. Services include the opportunity for children and youth to "drop-in" during appropriate times; engage center staff in dialogue; receive tutoring assistance; and/or receive or schedule services from service providers in the areas of health, substance abuse, employment, mental health, social services, and counseling/case management.

In order to best meet the needs of the children and youth and their families, the centers are open 12 months a year and center staff are available from 7:00AM through 7:00PM. Children and youth participate in center activities only when they are not in class or are not involved in other school-related activities. The staff of the centers provides services before classes, after classes, during study halls, or lunch periods and avoid scheduling services at times when students would have to miss classes.

Any child or youth, in or out of school, who is not mastering basic skills and/or who seems to be living under conditions which place her/him at risk may be self referred to the center or referred by a school staff member, friend, parent, or community agency staff person. The child or youth is referred for a structured assessment with a center staff member to determine whether a case manager should intervene to provide long-term, comprehensive services or whether specific services can be provided on a short-term basis by center staff such as the employment specialist or nurse.

The case management model, used in providing services to selected families, provides for caring, committed human service professionals with a social work or comparable background to assist families to strengthen their natural resiliencies and to address and reduce the factors which place youth and their families at risk. Case managers have their offices at Moulton, Harding, and North so children and youth have direct, easy access to their services and so the services are available to the youth in a coordinated, timely, pro-active fashion. The case management system emphasizes personalism, accountability, and coordination. Each case manager serves no more than 20 families.

Evaluation and research are vital components of the program and will assist staff to ensure that the needs of children and are being met. Evaluation and research will also help to establish a foundation for future funding and the continuation and replication of School-Based Youth Services Programs through the accumulation of data which verify strategies which are effective.

Student Needs Addressed by the SUCCESS Program

A significant number of Des Moines children and youth and their families experience multiple problems that require a variety of support services. Even though these services may be available in the community, they are too often not known or easily accessed by children and youth and their families. Further, some service agencies are categorically narrow in scope, unattractively labeled, and not linked to one another. Many children and youth and their families find that going to multiple agencies and providing the same information many times to receive help is difficult, complicated, and undesirable.

While community agencies have provided prevention and educational services, and to a limited extent, treatment services, in selected schools, they typically have done this in a peripheral manner as "outsiders." Agency services were coordinated between the agency and the individual school, but there was a general lack of coordination among the community agencies and between the agencies and the District. In addition to the need for improved coordination between agencies, there was an even more important need to

coordinate specific services to selected children and youth living in conditions that place them at risk. These specific services need to match these individuals' greatest unmet needs.

Moulton Elementary, Harding Middle, and North High Schools were identified as the "feeder system" of schools for the SUCCESS Program because of the high percentages of economically disadvantaged, minority, and low-achieving students who attend these schools. While the program targets elementary, middle, and high school children and youth who need assistance to succeed, all youth in the area are encouraged to utilize services, including dropouts.

Goals and Objectives

The primary goal of the SUCCESS Program is to empower children and youth to succeed in educational programs, complete high school, remain drug and alcohol free, and to become productive workers and contributors to the community.

The secondary goals of the program are to:

- Establish Family Resource Centers located in schools with high rates of children and youth who are at risk which integrates the services of multiple providers
- Facilitate joint planning and make the most economic and effective use of limited resources;
- Reduce the risk factors associated with alcohol and drug use which impact children and youth and their families; and
- Increase resiliency and protective factors within high risk youth and within high risk families and communities to reduce the likelihood that youth will use alcohol and other drugs.

The comprehensive goals and objectives of the SUCCESS Program and the specific services offered by staff are in alignment with the District mission statement and objectives are designed to support building objectives identified for the 1990-91 school year.

Improvements in Effectiveness

The SUCCESS Program was new to the District this school year. All of the information contained in this report would be examples of the district's improved effectiveness in reaching children and youth who live in conditions which place them at risk of not succeeding in their educational programs.

Use of Committees

The SUCCESS Program works with two special committees which provide input and make recommendations regarding the services of the program.

Children At Risk Planning Council

The Children At Risk Planning Council is a community-wide effort convened by Community Focus, Inc., United Way of Central Iowa, and the Des Moines Public Schools. The mission of the Council is to:

- integrate human services planning efforts,
- provide for the exchange of information, and

- develop common goals and strategies to address the needs of the increasing numbers of children and youth in the Des Moines community who are at high risk.

The Council consists of a diverse group of 55 members which includes community representatives as well as representatives from all of the major human service agencies in the county and serves in an advisory capacity to the SUCCESS Program.

Youth At Risk Coalition

In September, 1988, those involved in managing a variety of services to students at risk, including the New Horizons Program, began to regularly meet to review these programs' effectiveness and to assess how the District in light of diminishing resources can better meet the increasing numbers of needs of children, youth and their families who are living under circumstances which place them at risk. During May, 1989, a group of approximately 25 staff spent a day and a half in a retreat setting at a Compressed Planning Conference for the purpose of:

- exploring the dynamics existing in the Des Moines community which cause children and youth to have unmet needs which place them at risk,
- discussing policies, strategies, and procedures in collaborative arrangements which could provide the flexibility needed in order to meet the individual needs of children and youth,
- assessing what we are already doing to address these needs,
- determining which of the unmet needs of children and youth and families are not being addressed in a satisfactory manner,
- discussing how we can change or enhance the environment of the schools to meet students' needs and encourage educational development, and
- doing strategic planning in relation to better, more comprehensive services to the most needy youth in light of diminishing resources.

This group developed the following definition of children and youth who are at risk:

"Children and youth at risk are those whose success in school requires adaptation and modification of educational programs to provide the foundation for personally rewarding lives to become self-sufficient, contributing, and productive citizens."

As a result of this Compressed Planning Conference the Youth At Risk Coalition was created for the purpose of:

- making recommendations regarding the management of available program resources (time, staff, funds),
- monitoring and analyzing the extent and trends of the student dropout rate,
- reviewing policies, procedures, and practices in K-12 programming in an effort to reduce student withdrawals in the upper grades, and
- increasing collaborative activities among representatives of the community as well as District staff. Membership during the 1989-90 school year included representatives from the Polk County Decategorization Project, Polk County Human Services, YMCA, United Way, Polk County Department of Human Services, Child and Family Policy Center, and 4-H Iowa State University Extension Service.

INPUT EVALUATION

1990-91 BUDGET AND SOURCES OF REVENUE

Revenue to support the SUCCESS Program comes from the Iowa Department of Education (HF 535) and from private contributions as indicated in the figures below.

1990-91 SUCCESS Program
Budget According to Category

Figure 1

Category	Amount
Salaries	$ 188,255
Benefits	43,357
Purchased Services	17,487
Supplies and Materials	5,000
Equipment	12,401
Telephone	10,000
Travel	7,500
Capital Outlay	17,000
Student Enrichment	5,000
TOTAL	$ 306,000

1990 - 91 SUCCESS Budget
According to Source of Funding

Figure 2

Source	Amount
Iowa Department of Education	$ 234,000
Private Contributions	
Gannett Foundation	25,000
Meredith Corporation	25,000
Mid-Iowa Health Foundation	22,000
TOTAL	$ 306,000

1990-91 EXPENDITURE INFORMATION

SUCCESS Program 1990 - 91 Expenditures
According to Category

Figure 3

Category	Amount
Salaries	$ 154,482.91
Benefits	40,937.98
Purchased Services	4,154.36
Supplies and Materials	4,008.25
Equipment	15,198.86
Telephone	7,000.00
Travel	2,657.88
Capital Outlay	17,000.00
Student Enrichment	6285.59
TOTAL	$ 251,725.83

SUCCESS Program 1990 - 91 Expenditures
According to Source Funding

Figure 4

Source	Amount
Iowa Department of Education	$ 234,000.00
Private Contributions	
Gannett Foundation	9,809.42
Meredith Corporation	4,723.35
Mid-Iowa Health Foundation	3,193.06
TOTAL	$ 251,725.83

Community Resources Being Employed

The SUCCESS Program is fortunate to have United Way as a strong partner in developing a collaborative effort to offer services to children, youth, and their families in non-traditional ways. Staff of the SUCCESS Program have made referrals to many community resources, have met with them to identify how best to access services, and have hosted bimonthly meetings with agency staff to identify and reduce barriers to reaching and serving families. Community resources that have been involved in one or all of these ways include:

Area Comprehensive Evaluation Services
American Heart Association
American Red Cross/Central Iowa Chapter
Big Brothers/Big Sisters
Boy Scouts of America/Mid-Iowa Council
Boys & Girls Clubs of Central Iowa
Broadlawns Adolescent Psychiatric Services[2]
Broadlawns Homeless Outreach Project
Broadlawns HIV Program
Broadlawns/Primary Care Center
Catholic Council For Social Concern, Inc.
Child Protective Treatment/ Department of Human Services
Children & Families of Iowa
Council For International Understanding
Day Care Service, Inc.
Des Moines Alternative High School-North
Des Moines Child and Adolescent Guidance Center[2]
Des Moines Habitat For Humanity
Des Moines Health Center
Des Moines Hearing & Speech Center
Des Moines Public Schools
Des Moines Tutoring Center[2]
Family Counseling Center
First Call For Help
Generations, Inc.
Goodwill Industries
HOME, Inc.
Hawkeye Council of Camp Fire, Inc.
Hawthorn Hill/New Directions Shelter
Help All Children Be Proud
Higher Education Center
Homes of Oakridge/Early Enrichment Center
Homes of Oakridge/HOPE
Homes of Oakridge/Youth Education & Work Program
Homes of Oakridge
Hospice of Central Iowa
Housing & Community Services
Iowa Comprehensive Human Services[3]
Iowa Homeless Youth Center
Iowa Methodist Medical Center[2]
Isiserettes
ISU Extension[2]
Jewish Family Services

Job Service[2]
Juvenile Court Services
Legal Aid Society of Polk Co.
Lutheran Social Services
Moingona Girl Scout Council

NCA-Student Asst.[1]
NCA/CAC
NCA/Project Uplift
NCA/SAP/CAC
New Horizons work experience

OSACS Women's Center/Bridging Project
Our Community Kitchen
Our Primary Purpose
Planned Parenthood[3]
Polk Co. Assoc. For Retarded People
Polk Co. Human Services
Polk Co. Victim Services
St. Joseph Emergency Shelter
The Salvation Army
Tiny Tot Family Outreach Center
United Way
Urban Dreams
West Side Athletic Club
Willkie House
Youth Emergency Shelter Services

YMCA
Young Women's Resource Center[2]

[1]Repositioned on a full-time basis
[2]Repositioned on a regularly scheduled basis
[3]Repositioned on an as-needed basis

PROCESS EVALUATION

Current Year Goals/Objectives

SUCCESS Program objectives are in alignment with District and building mission statements and objectives. All program objectives will be reviewed, monitored, and evaluated each year. District objectives for the 1990-91 school year which are reflected in SUCCESS Program objectives include: 1) improve the general level of student achievement in the schools, 2) improve the student attitudes toward school and learning, and 3) improve student behavior. Building objectives are also reflected in SUCCESS Program objectives and are discussed in more detail in the Overall Goals and Objectives section of the Context section.

In relation to the District objective to improve services to "at risk" students through improved management services, the Supervisor of the New Horizons Program serves as chairperson of the Youth At Risk Coalition. This coalition has been discussed in more detail on page 6 of this report. A progress report of the coalition is available upon request.

SUCCESS Program objectives are differentiated as administrative process, student performance, staff process, or student process objectives. Administrative process objectives relate to the coordination of funding, and the definition of roles, objectives, and specific duties of all program personnel. Staff process objectives reflect such things as the assessment of student eligibility, managing a case load of students, and obtaining necessary parental permission for services. The program objectives and the results of the evaluation of data related to each objective are contained in the section of this report entitled, "Product Evaluation," page 15.

Responsibility Statement of Supervisor

The Supervisor of the New Horizons Program has responsibility for the supervision of the SUCCESS Program. The Supervisor will: (1) provide leadership which will maintain the integrity of the program's mission; and (2) provide management in order for the program to operate as an effective and efficient program.

The organizational tasks to be performed by the Supervisor of the New Horizons Program include planning, implementing, and evaluating the program components, as well as interacting with individuals and groups interested in program services and those providing program funding. The Supervisor is responsible for managing curriculum and instructional activities, personnel and fiscal resources, instructional support services, and public relations, as well as maintaining positive working relationships with all staff of the District and with program funders.

1990-91 New Horizons Program Supervisor Objectives

1. Meet the organizational expectations of the board, staff, students, parents, program funders, and general citizenry by:

   A. Being visible and accessible,
   B. Focusing program direction, and
   C. Being involved in day-to-day program activities.

   The New Horizons Program Supervisor:

   •has frequent personal, face-to-face interactions with program staff and building principals,
   •provides "hands-on" management,

•serves on several committees which provide visibility and accessibility, i.e., Business/Education Alliance, Polk County Decategorization Project, Even Start Advisory Council,
•serves as co-staff of the Children At Risk Planning Council and its Executive Committee,
•chairs the Youth At Risk Coalition,
•publishes periodic program newsletters, and
•spends approximately one-third of time in the office.

2. Provide leadership and management to program staff to maintain and increase where possible the level of attainment of program objectives by staff and students in the areas of attendance, dropout rate, suspensions, family environment, extra-curricular activities, and direct services provided by program staff to students and their families receiving program services by:

   A. monitoring staff achievement of program objectives,
   B. communicating regularly with staff, and
   C. evaluating staff achievement.

3. Plan and implement staff development activities which will focus on youth at risk by:

   A. gathering information on the topic,
   B. conferring with staff regarding the issue,
   C. providing staff development activities, and
   D. consulting with staff regarding including a goal or objective in their professional growth plan which relates to family dysfunction.

In-service/staff development activities of the program are covered in the following section of this report, page 12.

4. Submit proposals to federal, state and private funding agencies for programming efforts for youth at risk by:

   A. searching for alternative funding source(s) and
   B. preparing proposals for funding.

5. Developing printed program information such as:

   A. Overviews,
   B. Brochures, and
   C. Booklets summarizing program goals, services, and outcomes.

Functions of SUCCESS Program Staff

The Program Manager is responsible for coordinating the activities of the program with appropriate community and school programs and local volunteer services as well as school administrators, teachers, and staff. Other duties include administering contracts, coordinating the provision of various service components, supervising staff, arranging for client referrals, directing community education and information activities, recruiting participants, planning staff development experiences for program staff and re-positioned community service agency staff, and assuring the receipt of parental/family consent for children and youth to benefit from services and the involvement of families with the program.

Case managers provide counseling and other related support services such as assessment, planning, and monitoring and brokering of community services to program children and youth and their families. Because service delivery systems are often difficult for those most

in need to access, the role of the case manager is to ensure that children and youth and their families receive assistance from educational, human, and social service agencies which:

- is easily accessible,
- efficiently links them to human/social service providers,
- facilitates collaborative planning and makes the most economic and effective use of limited resources,
- is responsive to the full range of needs of the individual as they change over time,
- helps individuals gain access to needed services in a timely and efficient manner, and
- meets children's and youths' assessed needs.

Inservice/Staff Development Efforts

1. STAFF MEETINGS

Staff of the SUCCESS Program met weekly during the 1990-91 school year for the purposes of:

- sharing information,
- discussing program direction,
- identifying community resources and how to best access them,
- exploring different strategies for working with children, youth and their families, and
- reviewing progress with families who were assigned for case management services.

Some of the activities and topics that were addressed at staff meetings during the year included:

SEPTEMBER

All staff participated in the development of referral procedures, defining criteria for children and youth who would receive program services and who would be appropriate for case management services, and in the creation of forms and procedures to document program services and outcomes.

All staff were oriented to a variety of community services by visiting on-site with staff at the following agencies:

Area Comprehensive Evaluation Services (ACES)
American Red Cross
Broadlawn's Homeless Outreach Project
Clark Street House of Mercy
Des Moines Child and Adolescent Guidance
Department of Human Services
Family Counseling Center
Generations, Inc.
Iowa Comprehensive Human Services
Iowa Homeless Youth Shelter
ISU Extension
Moingona Girl Scouts Council
National Council on Alcoholism
Planned Parenthood
Willkie House
Young Women's Resource Center
Youth Emergency Shelter Services

OCTOBER

Deborah Plasencia reviewed information from a presentation she attended about gang involvement.

Nancy Jnoble from the Higher Education Learning Center presented information about tutoring/mentoring services.

NOVEMBER

Clarice Deist presented information on the PROMISE PROGRAM offered through the Iowa Department of Human Services.

DECEMBER

Clarice Deist made a case presentation of a family from North receiving case management services.

JANUARY

Kim Petersen made a case presentation of a family from Moulton receiving case management services.

FEBRUARY

Cyndy Erickson presented information about summer youth employment opportunities and the Des Moines Business Education Alliance.

Kim Petersen presented information on housing services available through Home, Inc., and Coalition for the Homeless.

Deborah Plasencia made a case presentation of a family from Harding receiving case management services.

MARCH

Cyndy Erickson reviewed the state evaluation plan.

Tony Hawkins presented information from a conference he attended on Serving Gay and Lesbian Youth.

Clarice Deist reviewed options for obtaining subsidized day care through DHS.

APRIL

Kris Benge from Iowa Homeless Youth Shelter discussed their program.

MAY

Steve Gonzalez and Annette Maassen-Spates presented information obtained at a workshop on cult involvement.

Pat Mumble from Hamilton Business College discussed post-high school educational opportunities.

All staff attended a joint meeting with staff from the other three SBYSP sites in the state to compare first year experiences.

JUNE

Janice Lane from Broadlawn's Person to Person Program discussed the case management approach used with mothers diagnosed as chemically dependent.

2. AGENCY COLLABORATION MEETINGS

SUCCESS staff hosted collaboration meetings with United Way member agencies and other community resources that were accessed for program participants. A complete listing of those agencies invited to participate in these collaboration meetings has been provided on page 9. These meeting were held every other month and addressed a variety of topics. Meeting dates and topics were as follows:

DATE	TOPIC
October 12, 1991	Introduction to the SUCCESS Program
December 19, 1991	Identification of Barriers to Accessing Services for Children and Youth
February 15, 1991	SUCCESS Progress Report and Case Reviews
April 26, 1991	Mental Health Providers Panel Presentation, Part I
June 14, 1991	Mental Health Providers Panel Presentation, Part II

3. PROFESSIONAL MEETINGS/CONFERENCES ATTENDED BY VARIOUS STAFF MEMBERS

Coalition for Family and Children's Services in Iowa
Students At Risk
Empowering Families
Iowa Association of Alternative Schools
Introduction to Mental Health
Risky Business
Teenagers and Cults
Children as Pawns
A Matter of Justice and Compassion: Serving Gay and Lesbian Youth
Adolescent Health Roundtable
Advanced Clinical Skills in the Treatment of Sexual Abuse
Introduction to Microsoft Word
Mixed Messages
Substance Abuse and the Family
Brief Therapy in the Treatment with Alcoholics
Beyond Addiction and Co-Dependence

A total of 27 staff days time away from the building/office were utilized in the above programs, meetings, and/or conferences.

Management Systems for Monitoring

The SUCCESS Program has an extensive management system for monitoring program activities and outcomes. Student data on services and outcomes is computerized to manage the information effectively and all the data to document objective attainment is submitted to the SUCCESS Program Manager and maintained on file. The database developed by the Program Manager is being implemented in the other three sites in the state receiving funding from House File 535 for School-Based Youth Services Programs. This is being done in order to streamline and unify the system for reporting data on a state-wide basis.

PRODUCT EVALUATION

Outcomes From SUCCESS Program Objectives

Summary Table of Objectives

A Summary Table of Objectives, Table 1, is a list of selected program objectives and the performance outcomes and comments related to these objectives. Table 1 appears on subsequent pages. The table provides a quick reference for the Product Evaluation section of the report. Each entry which appears in the table is discussed in detail further in the Product Evaluation section of the report.

Administrative Process Objectives

1. School-Based Family Resource Centers will be operational at Moulton, Harding, and North by September 1, 1990.

   DOCUMENTATION: A complete listing of program personnel, their roles, objectives and specific duties on file in the program office, the principal's office at each building operational site within which boundaries the personnel perform their duties, and the office of the New Horizons Supervisor

By September 1, 1990, a SUCCESS Program Manager was employed and three case managers were offering services to children, youth, and their families at Moulton Elementary, Harding Middle School, and North High School. In February of 1991, the remodeling was completed on the Family Resource Center at North High School and two case managers and a Center Coordinator were added to the Program at North. This objective was achieved. Documentation is on file, and the necessary activities were conducted.

2. Throughout the program year, the Supervisor of the New Horizons Program, with the advice and consent of the Executive Directors, Elementary/Early Childhood and Middle and High School Programs, will coordinate all funding activity for the program in conjunction with the various funding agencies, community agencies, the District, and any other involved groups.

   DOCUMENTATION: A complete listing of all funding agencies and a record of the expenditures by funding agent and category of expense for the previous year on file with the New Horizons Supervisor

During the 1990-91 school year, a total of $114,000 was generated through concentrated efforts to raise awareness of the SUCCESS Program in the community and the development and submission of proposals to potential private contributors. Private contributors to the SUCCESS Program are shown in Figure 5.

Table 1
Summary Table of Selected SUCCESS Program Objectives 1990-91

Objective	Outcomes	Comments
Staff Process		
6. Number of unduplicated youth served by staff (page 20)	North: 171 Harding: 34 Moulton: 64 Total 269	In September, 1990, there was one case manager at each school; a center coordinator was added at North in February, 1991; 2 case managers were added at North in March, 1991
10. Number of families receiving case management services (page 21)	North: 38-- average of 13 Harding: 11 Moulton: 5 Total 54	Complexity of family issues indicates that a case load of 15 is more appropriate; anticipate expecting each case manager to provide case management services to 15 families in 1991-92
11. Referrals to community human service agencies made by staff (page 22)	387 referrals made; 296 of these referrals resulted in service being provided (76%)	Expectation is that all referrals will result in services being provided; 76% considered a high success rate given characteristics of the families in need
Student Performance		
13. Improved attendance for students receiving case management services (page 24)	Attendance improved for 15, or 37%, of 41 students for whom attendance information was available	Attendance information was not available for many high mobility students; since not all students needed to improve their attendance, objective will be modified
14. Improved grade point average for students receiving case management services (page 24)	Grade point average improved for 6, or 46%, of 14 students for whom grade point average information was available	Grade point average information is not available for students in middle school or enrolled in special education; since not all students needed to improve their attendance, objective will be modified

Objective	Outcomes	Comments
Student Performance		
15. Lowered dropout rates for youth receiving case management services (page 24)	6, or 15.7%, of 38 North High students dropped from school by end of 1990-91	By September, 1991, 5 of these 6 students who dropped out had re-enrolled
16. Students' and parents' satisfaction in perceived outcomes of services (page 25)	Of 56 students and 35 parents responding to survey, over 90% of responses indicated satisfaction with services; of 41 students and 26 parents responding to survey, over 70% of responses indicated positive outcomes	Four survey instruments developed by staff of Iowa Department of Education were administered: two indicating satisfaction on part of students and parents; two indicating positive perceived outcomes on part of students and parents
18. Student enrollment in school (page 26)	248 students, or 92%, of 269 were enrolled in school	Number of out-of-school youth expected to increase in the future because of priorities of program funders; United Way is considering funding one case manager to work exclusively with out-of-school youth
19. Improved attendance for students receiving program health services (page 27)	Attendance improved for 16 , or 41%, of 39 students for whom attendance information was available	Attendance information was not available for many high mobility students; since not all students needed to improve their attendance, objective will be modified
20. Decrease in number of school suspensions for students receiving case management services (page 28)	9, 17%, of 54 students decreased number of school suspensions	Another 20, 37%, had zero suspensions during previous year and maintained that level; case management plans for 1991-92 will be strengthened in this area
21. Improved social interaction and behavior for students receiving case management services (page 29)	22, or 41% of 54 students participated in extra-curricular activities	Given the conditions under which students receiving case management services were living, participation in extra-curricular activities was not perceived by staff to be a high priority
23. Improved family environment for students receiving program health services (page 29)	46, or 72%, of 54 students indicated improvements in family environment	For older students, improved family environment may indicate separation from the family due to negative family conditions; results of interventions may not be known at the end of the first year of services

Private Contributors to the SUCCESS Program

Figure 5

CONTRIBUTOR	AMOUNT
Blue Cross/Blue Shield	$ 2,500.00
Dahls/Hiland/Pepsi/WHO 13	2,000.00
Gannett Foundation	25,000.00
Hawley Foundation	5,000.00
Meredith Corporation	25,000.00
Mid-Iowa Health Foundation	22,000.00
Pioneer Hi-Bred International	10,000.00
Principal Financial Group	17,500.00
U. S. West Communications	5,000.00
TOTAL	$114,000.00

Private sector funds which were unspent from the first year will be used in subsequent years to expand and continue program services.

In addition to the contributors listed in Figure 5, funding proposals were submitted to the following organizations with the results indicated:

STATUS OF PRIVATE SECTOR SUCCESS GRANTS

Organization	Application Amount	Proposed Use	Status
Aetna Foundation	$25,000	Case manager	Denied
American Mutual Life	$5,000	Staff, equipment, transportation, student enrichment activities	Denied
American Republic Insurance	$5,000	Case manager	Pending
Amoco Corporation	$25,000	Center Coordinator or case manager at North	Pending
Bohen Foundation	$15,000	Case manager	Denied
Central Life Assurance Company	$15,000	Case manager	Denied
Coca-Cola Foundation	$30,240	Case manager	Denied
Deere and Company	$10,000	Case manager	Received
E. T. Meredith Foundation	$15,000	Case manager	Pending
Farm Bureau Life Charitable Contributions Trust Foundation	$10,000	Case manager	Pending
First Interstate Bank	$10,000	Case manager	Denied
Greater Des Moines Community Foundation	$3,000	Case manager	Pending
Kirke-Van Orsdel Incorporated	$5,000	Case manager	Denied
Midwest Resources	$10,000	Case manager	Pending
Northwest Area Foundation	$95,634	Case Manager at Moulton/Center Coordinator and case manager at Harding	Pending
Norwest Financial Foundation	$10,000	Case manager	Denied
Target	$10,000	Case manager	Pending

Revised October 2, 1991

The objective was achieved, and appropriate documentation is on file.

3. Throughout the program year, the Program Manager will consult with various community agencies to secure additional agency contracts for the provision of social services to youth and their families in the Family Resource Centers.

DOCUMENTATION: A complete listing of agency contracts on file in the program in the program office

Because there are no financial agreements with community agencies who provide services to youth and their families in the Family Resource Centers, it was determined that, in most instances, formal agreements were unnecessary. At the request of one agency, Broadlawns Medical Center, such an agreement was developed.

This agreement is on file in the program office. The objective was met.

4. At a minimum, job training and employment services, mental health and family counseling, and preventative and primary health care services will be available to center youth and their families.

DOCUMENTATION: A complete listing of Program personnel, their roles, objectives and specific duties, as well as a complete listing of agency contracts and Log of Services provided to Center youth, on file in the Program office

All of the services described above were made available to children and youth and their families at the three program schools. These services were either provided on-site or made available by referrals to outside agencies. The total number of contacts children and youth and their families had in the areas of job training and employment services, mental health and family counseling, and preventative and primary health care services are shown in Table 2.

Table 2
Services Received by SUCCESS Program Participants

SERVICE AREA	NUMBER OF YOUTH RECEIVING SERVICE AT LEAST ONE TIME	TOTAL NUMBER OF SERVICES RECEIVED
Employment	15	19
Mental Health	86	291
Primary/Preventive Health Care	51	129

A more comprehensive report of these services is provided in Appendix A.

The objective was achieved, and the necessary documentation is on file.

5. Throughout the program year, center activities and services will be available to youth and their families in a flexible manner to meet the needs of the youth attending the school in which the center is located and their families.

DOCUMENTATION: A survey of the student body in which the center is located and their families and the school faculty to determine the most appropriate hours of operation, and a schedule of Center activities and services on file in the program office

All staff employed by the SUCCESS Program work flexible hours and are available to children, youth and their families on a twelve-month basis at the times that are most convenient to them. This includes before school, during school, after school, Winter and Spring breaks, and occasionally on weekends.

When the Family Resource Center at North High School was opened in February, staff visited each homeroom to provide students with information about the SUCCESS Program. In addition, articles appeared in each school's newsletter to announce services and activities and staff were available at school open houses and parent conferences to meet with parents.

In order to determine specific activities for summer nursing staff, a survey was distributed to all North students. Results of the survey indicated that students would be most interested in using health services, primarily illness and injury related, between noon and 4:00 p.m. Weight lifting, team sports, bicycling, and aerobics were activities in which students indicated a willingness to participate during the summer months. They were least interested in obtaining information or talking with someone about problems with chemical use/abuse or concerns about their physical development. A copy of the survey with tallied results is attached in Appendix B.

This objective was achieved.

Staff Process Objectives

6. By the end of the program year, SUCCESS Program staff will have provided services to at least 200 unduplicated youth.

   DOCUMENTATION: Log of the number of unduplicated youth served and the services provided compiled monthly and submitted to the Program Manager

One Center Coordinator and three case managers at North High School served a total of 171 youth and their families during the 1990 - 91 school year. One case manager at Harding Middle School served a total of 34 youth and their families. At Moulton Elementary School, one case manager served 64 children and their families.

Program staff were added as private sector funds were available. Consequently, two case managers were added at North in March, 1991, and a Center Coordinator was added at North in February, 1991. This, of course, permitted staff to serve more students at North than was possible at Harding and Moulton.

A confidential file was maintained for each child or youth having formal contact with SUCCESS staff and the services provided by staff were submitted monthly.

The objective was achieved. Documentation for this objective is on file with the Program Manager.

7. Throughout the program year, the Program Manager and the Case Manager at Moulton will assess the need for referred children to be provided the services of a case manager.

   DOCUMENTATION: Copies of referral forms and assessment interviews for each youth referred and/or assessed on file with the Program Manager

A pre-assessment instrument was developed to assess the needs of children referred for service at Moulton. This pre-assessment documented the presenting issues, previous interventions, staff impressions, past attendance, behavioral and academic problems, and

current recommendation for the child and his/her family. A copy of the pre-assessment form is attached as Appendix C. If this pre-assessment indicated that the family would benefit from case management services, a more formal assessment of need was conducted by re-positioned staff from the National Council on Alcoholism (Student Assistance Program) or assessment staff representing an agency that the case manager was planning to connect the child or their family for additional professional counseling services.

Similar to the situation described above at Harding, the case manager at Moulton was providing center coordinator services in addition to managing a case load of families. A total of 64 youth were served by the case manager at Moulton. Of these 64, five were identified to receive intensive case management services. The other 59 received specific services such as referral to appropriate resources and intensive follow-up to ensure that services were received.

This objective was achieved. All referral and pre-assessment data are on file with both the case manager and Program Manager.

8. Throughout the program year, the Program Manager and the center coordinators at both Harding and North will assess the need for drop-in youth and referred youth to be provided the services of a case manager.

   DOCUMENTATION: Copies of referral forms and assessment interviews for each student referred and/or assessed on file with the Program Manager

Assessment procedures similar to those implemented at Moulton were used at Harding and North. Once again, the case manager at Harding assumed the assessment duties for referred youth in the absence of a center coordinator.

A total of 11 families were identified for case management services at Harding and 38 families were identified for case management services at North.

This objective was achieved. All referral and pre-assessment data documenting this activity are on file with the Center Coordinator at North, the case managers at North and Harding, and the Program Manager.

9. Throughout the program year, case managers will develop a case management plan for each youth identified for case management services and will formally review the plan at least annually with the children or youth and families.

   DOCUMENTATION: Copies of Case Management Plans for each youth identified for case management services on file with the Program Manager

Case managers developed plans for each youth identified for case management services. A copy of the format used for the Case Management Plan is attached in Appendix D.

This objective was achieved, and appropriate documentation is on file.

10. Throughout the program year, each case manager at Moulton, Harding, and North will provide case management services to a minimum of 20 youth and their families.

    DOCUMENTATION: Copies of Log of Case Management Services and Case Management Plans on file with the Program Manager

As cited in preceding objectives, the case manager at Moulton served five children and their families, the case manager at Harding served 11 youth and their families, and the

three case managers at North served 12, 13, and 13 youth and families respectively for a total of 38 families receiving case management services at North.

Table 3 summarizes selected services provided by case managers during the 1990-91 school year.

Table 3
Services Provided by SUCCESS Program Case Managers

	Home Visits	Other Home Contacts	Individual Counseling	Consultation	Referrals
Moulton	142	228	166	134	59
Harding	77	98	127	99	85
North	87	795	501	541	243
TOTAL	306	1,121	794	774	387

Reviewing SUCCESS staff experience in the first year of offering case management services to families, the following factors make a minimum case load of 20 families too high for effective delivery of services to achieve positive outcomes:

- Complexity of the issues being addressed by the families identified for case management services,
- Time required to coordinate services and communicate with all parties involved with a single family,
- Need to consistently confront families about their dysfunctional behaviors in order to develop motivation to try new behaviors, and
- Long-term involvement for period of more than one year is likely with many families and consequently there is a need to plan for continuing these families even as new referrals are added to case loads in subsequent years. A full case load in the first year of operation would limit assigning new families or decrease the case managers ability to work intensively and effectively because of a larger number of families to monitor.

This objective was not achieved at the level indicated. A minimum case load of 15 families and an absolute maximum of 20 is more appropriate and will be reflected in revised objectives for 1991-92. Also, it should be noted that two of the three case managers at North High did not begin work until late March of 1991.

11. Throughout the program year, where appropriate, SUCCESS Program staff will make referrals to community service agencies; 70 percent of these referrals will result in service being provided.

    DOCUMENTATION: Copies of referral followup information generated from Log of Case Management Services

Of the 387 referrals to outside agencies that were made by SUCCESS Program staff, 296, or 76 percent, resulted in agencies actually offering services. Table 4 shows further delineates agency referral data by school:

Table 4
Referrals to Other Agencies

	REFERRALS	SERVICES RECEIVED AS A RESULT OF REFERRAL	PERCENT RESULTING IN SERVICES
Moulton	59	42	68%
Harding	85	58	71%
North	243	196	81%
TOTAL	387	296	76%

While staff expected all referrals to result in families being connected with needed services and worked closely with family members to support and expediate that connection, a variety of resistences and conditions prevented this connection from taking place. The following characteristics are common in families of children and youth who are living with conditions which place them at risk, These families often:

- have very limited financial resources,
- lack organizational skills and tenacity required to demonstrate that they qualify for services,
- are suspicious of outside intervention,
- feel overwhelmed and discouraged with the task of meeting basic needs,
- have a previous history of negative interactions with outside agencies and institutions,
- lack a support network of family/friends who will encourage and support change,
- place mental health needs as a last priority,
- are more comfortable with crisis than change,
- are invested in keeping "family secrets,"
- lack transportation,

As an example of the resistance families present in accepting services from agencies, including schools, one Moulton parent signed a release of information form in September, 1991, which would allow the case manager to talk with other agencies about the family's needs after the case manager has been working with this family for a year. Obtaining this parent's signature on the Release of Information form was one of the objectives developed in the case management plan. In light of these characteristics, 76 percent of referrals made to outside agencies resulting in contact is considered a very positive rate.

The primary reasons that services were not received following a referral to an outside agency were that the family refused services, did not follow-through with initial appointments, were unwilling to pay for services (primarily mental health) or agencies had waiting lists for services.

12. Throughout the program year, the Program Manager will secure any necessary parental permission for youth participating in center activities.

    DOCUMENTATION: Copies of parental permission forms on file with the Program Manager

A Release of Information (Appendix E) which included consent to participate in program services was obtained in all situations where outside agency involvement was indicated. This agreement made it possible to provide coordination between multiple agencies and improved access to information with shared clients. In all cases where the Center Coordinator or case manager determined that it would not negatively impact the child or youth, parental contact was made following an initial intake interview with the child or youth.

This objective was achieved, and documentation is on file with the Program Manager.

Student Performance Objectives

13. At the conclusion of the program year, 80 percent of the youth who received case management services will respond positively to the program as indicated by their rate of attendance having improved as compared to the year previous to the beginning of services.

    DOCUMENTATION: School attendance data collected annually by the Program Manager

Due to the high mobility rates of the population served, staff encountered difficulties in obtaining complete attendance information. Complete attendance data for 1989-90 and 1990-91 were available for 41 of the 54 youth identified for case management services.

Of these 41 youth, 15, 37 percent, improved their attendance from the previous year. Those improving their attendance were enrolled at either Harding or North. No improvements in attendance were noted at Moulton.

This objective was not achieved. The 80 percent criterion level specified in the original objectives was an estimation of how the population would respond to interventions that had not previously been implemented in the school setting. Based on the data gathered in this first year of program operation, the 80 percent level was too high for the targeted population. A more appropriate level will be reflected in revised objectives for 1991-92.

14. At the conclusion of the program year, 80 percent of the youth at North who received case management services, for whom grade point average information is available, will respond positively to the program as indicated by the improvement of their grade point average as compared to the year previous to the beginning of services.

    DOCUMENTATION: Grade point average data collected annually by the Program Manager

There were 38 case management students at North. However, information about grade point averages was available for only 13 of these students because grade point averages are not calculated until students enter high school and grade point averages are not calculated for students enrolled in special education. Therefore, data was not available for the 18 case management students who were in ninth grade or for the 7 enrolled in special education.

Of these 13 students, six, 46 percent, improved their cumulative grade point averages.

This objective was not achieved. Similar to the previous objective, criterion levels were established prior to any experience with the target population's response to program interventions. A more realistic level will be reflected in revised objectives for 1991-92.

15. At the conclusion of the program year, youth who received case management services will respond positively to the program as indicated by their dropout rate not exceeding five percent of the rate for the student body as a whole at the same schools.

    DOCUMENTATION: List of dropouts compiled annually by the District's Department of Information Management

The dropout rate at North High School for the 1990-91 school year was 8.7 percent. Of the 38 students at North who received case management services, six, 15.7 percent, dropped from school. Consequently, this objective was not met. The appropriate documentation is on file.

It should be noted, that at the beginning of the 1991-92 school year, five of the six case management students who dropped from school had re-enrolled in educational programs. Two of the five students returned to North High School, two were enrolled at Alternative High School-North, and one enrolled with the Youth At Risk Consortium to complete her high school course work at Des Moines Area Community College.

It should be noted that two of the three case managers at North High did not begin work until late March of 1991.

In relation to the dropout rate of those 171 students who received program services--not exclusively case management services--21, or 12.2 percent, dropped from school.

16. Near the end of the program year, 75 percent or more of a ten percent random sample of youth receiving center services shall respond positively to the program as evidenced by a positive cumulative score derived from their responses to a one-to-one structured interview.

DOCUMENTATION: Compilation of such data submitted annually to the Program Manager

Four surveys were developed by the Iowa Department of Education to measure satisfaction with program services and perceived outcomes. Two of the instruments, a satisfaction survey and a perceived outcome survey, were administered to students receiving services and two were administered to family members. Samples of the four surveys containing the percentage of responses to survey items and raw data are available from the Program Manager.

Because the Department of Education requested that 25 percent of the population be surveyed, a larger sample size than provided for in the objective was used. Only a random sample of students and parents who had five or more contacts with the SUCCESS Program were asked to complete the surveys related to perceived outcomes. Table 5 appearing below indicates the sample sizes and cumulative percentages of positive responses to the four surveys.

Table 5
Student and Parent Responses to Surveys

SURVEY*	NUMBER COMPLETING SURVEY	PERCENT OF POSITIVE RESPONSES
Student Satisfaction	56	99%
Parent Satisfaction	35	91%
Student Outcomes	41	79%
Parent Survey of Student Outcomes	26	80%

*Responses which were in the categories of "undecided" and "not applicable" were not counted as positive responses and were not included in the total number used to calculate the percentage. For satisfaction surveys, these types of responses represented approximately 10 percent of the total responses and on outcome surveys nearly 30 percent of the total responses.

Regarding the student and parent satisfaction surveys, both groups were most positive about staff listening to them and making eye contact with them, feeling accepted regardless of their race or color, and perceiving staff as friendly.

They were least positive in the areas of discussing issues related to sex and chemical usage, perceiving that staff helped them solve their problems and perceiving that staff "preached" to them (students). In the area of discussing issues related to sex and chemical usage, the most common response was that this issue did not apply. This could either be related to the families' denial of concerns or may truly reflect that there were no problems at the time in either of those areas. Similarly, parents and students responded that they were undecided or the statement did not apply with respect to their perception of staff being helpful in solving their problems. A negative response in this area may reflect their feelings of empowerment and that they are in control of making changes to improve their circumstances. This would be in line with overall program goals for both students and their families. Regarding feelings that staff "preached" to them, some students may not have interpreted this survey item negatively and may have responded as though "preaching" was similar to offering advice or identifying options.

In relation to the student and parent surveys of perceptions of outcomes, the most positive responses released to their decreased likelihood of using chemicals, knowing where to go for help, staying in school (students), and students "getting into less trouble" (parents).

For students, the least positive responses were identified in statements relating to feeling better when they get up in the morning, worrying more, and knowing that they can return to the SUCCESS Program for help in the future. Not feeling better and worrying more indicate that mental health services continue to be high priority needs for children and youth. It is unclear why students have the perception that they cannot return to the SUCCESS Program for help in the future. This is certainly a perception that staff need to address as they work with students. Parents were least positive in their responses to feeling that their children have more initiative, perceiving that their children know how they can help in the community, and feeling that their children can enter the military.

A private consultant working with the Iowa Department of Education is conducting a separate analysis of these surveys which will be more comprehensive and will provide a more sophisticated statistical analysis of the data. These findings will be available at a later date.

This objective was achieved, and appropriate documentation is on file.

17. Within nine months after youth who received services have exited from the program and completed their high school education, 75 percent or more of a ten percent random sample of these youth shall respond positively to program services as evidenced by a positive cumulative score derived from their responses to a one-to-one structured interview which specifically asks youth to respond to their current employment status, and their perceived levels of productivity and contribution to the community.

    DOCUMENTATION: Compilation of such data submitted annually to the Program Manager

Because the program began this school year and nine months have not elapsed for youth exiting from the program, data will not be collected for this objective until appropriate and will be reported in next year's evaluation report.

18. Throughout the program year, 95 percent of the youth participating in center activities will be enrolled in school (youth who have dropped out will be re-enrolled in school).

DOCUMENTATION: Program and school enrollment data submitted monthly to the Program Manager

At the end of the 1990-91 school year, 248 students participating in center activities, 92 percent, were reported as being enrolled in school. Twenty-one students, 8 percent, were reported as having dropped from school. Criterion for this objective appears to be too high considering that there is a directive from the state to provide outreach to out-of-school youth. SUCCESS staff, particularly at the high school level, made an effort to work with youth who were out of school and continued case management services to students who had subsequently dropped out of school.

During the summer, case managers worked intensively with students who had dropped from school and provided outreach to other students at the high school who were reported as having dropped from school. These efforts were directed at encouraging identified youth to continue their education and to provide them with information about options and strategies for reaching educational goals. It is anticipated that a number of these students who were reported as drops will re-enroll in educational programs in the fall. As indicated earlier, five of the six case management students at North who dropped out of school re-enrolled in the fall. Additional data will continue to be accumulated on the number of re-enrollments.

These data do not necessarily reflect negatively on the impact of the program. Rather, it may indicate that the scope of the target population has expanded to include those youth who would otherwise not be receiving services because of their loss of connection with school.

Efforts are currently underway with United Way of Central Iowa to identify a new position for a staff person to work exclusively on outreach to youth who have dropped from school. If this effort is successful, it is anticipated that this percentage of out-of-school youth will increase for the next year.

This objective was not met. It is recommended that the criterion level be lowered in order to more accurately reflect the population served by the SUCCESS Program.

19. At the conclusion of the program year, 80 percent of the youth who received health services will demonstrate improved health as indicated by their rate of attendance having improved as compared to the year previous to the beginning of services.

DOCUMENTATION: School attendance and enrollment data collected each semester by the Program Manager

There were 51 youth who received health services. As with Objective 12, due to the high mobility rate of the population served, staff encountered difficulties in obtaining complete information. Complete attendance data was available for 39 of the 51 youth who received health services. Of these 39 youth, 16, 41 percent, improved their attendance from the previous year.

This objective was not achieved. The 80 percent criterion level specified in the original objectives was an estimation of how the population would respond to interventions that had not previously been implemented in the school setting. Based on the data gathered in this first year of program operation, it appears that the 80 percent level was too high for the targeted population. It may also be more relevant to identify improvement only for those students for whom attendance is an issue. Some students included in this sample had acceptable levels of attendance and were referred for other issues. If a student missed two days during 1989-90 and three days during 1990-91 (both acceptable levels), this would show negatively in the data asked for in this objective. A more realistic criterion level and appropriate data collection procedures will be reflected in revised objectives for 1991-92.

20. At the conclusion of the program year, 80 percent of the youth who received case management services will demonstrate improved social interaction and behavior as indicated by a decrease in the number of school suspensions as compared to the semester previous to the beginning of services.

DOCUMENTATION: School suspension data collected each semester by the Program Manager

Of the 54 youth who received case management services during the 1990-91 school year, a total of 9, 17 percent, decreased the number of school suspensions as compared to the semester previous to the beginning of services. Another 20, 37 percent, had zero suspensions for a baseline measure and zero during the semester they received services. For these students, maintaining rather than decreasing the number of suspensions was appropriate. It was determined that this group should not be considered in the computation of suspension data which would indicate improvement in social interaction. Of the remaining 34 youth, 9, 26 percent, decreased the number of suspensions they received as compared to the previous semester. A total of 30 youth, 56 percent, either decreased suspensions they received or remained at an acceptable level of zero suspensions. Table 6 compares the suspension data by school.

Table 6
Suspension Data Reported by SUCCESS Program Schools

SCHOOL	NUMBER RECEIVING CASE MANAGEMENT SERVICES	NUMBER DECREASING SUSPENSIONS*	NUMBER DECREASING OR MAINTAINING ZERO SUSPENSIONS*	NUMBER INCREASING SUSPENSIONS*
MOULTON	5	2 (40%)	4 (80%)	1 (20%)
HARDING	11	0 (0%)	4 (36%)	7 (64%)
NORTH	38	7 (8%)	22 (58%)	13 (34%)
TOTAL	54	9 (17%)	30 (56%)	21 (39%)

*Suspension data for three students who dropped from school were not included in these figures.

This objective was not met. Because students are capable of learning techniques for appropriately expressing their feelings and because their actions are one aspect of their lives over which they have control, it is felt that the level identified in this objective was appropriate. The area of improved social interaction and its impact on school success is being considered differently from attendance issues where children and youth often may not have direct control or responsibility for their health. It is felt that high criterion in the area of improved social interaction can be met if the appropriate interventions are applied. It is therefore recommended that this objective retain the identified criterion level and that the area of improved social interaction be addressed more directly in the case management plan.

21. At the conclusion of the program year, 70 percent of the youth who received case management services will demonstrate improved social interaction and behavior as indicated by an increase in their involvement in extracurricular activities as compared to the year previous to the beginning of services.

DOCUMENTATION: Extracurricular participation data collected each year by the Program Manager

As documented in narratives submitted by case managers, 22 of the students who had been assigned to them, 41 percent, participated in extracurricular activities. For this evaluation, extracurricular activities were defined as involvement in school clubs or events, participation in sports, and recreational activities with peers.

Because of the multiple services received by many of the youth, their involvement with other agencies, the nature of the issues that they were addressing (abuse, pregnancy/ parenting, school performance, home responsibilities), 70 percent may have been an unrealistic goal for extracurricular activities during their first year of involvement with the SUCCESS Program. Case Management Plans addressed only priority needs in order to prevent overwhelming children, youth, and their families and in most cases extracurricular activities would not be considered a priority. As the basic needs are satisfied, it will be possible to put more emphasis on socialization skills and participation in extracurricular activities when Case Management Plans are updated.

This objective was not met.

22. At the conclusion of the program year, 90 percent of the youth who received case management services will demonstrate improvement in their self-esteem as evidenced by a positive cumulative score derived from their responses to a self-esteem scale administered on a one-to-one basis.

DOCUMENTATION: Youth responses to a self-esteem scale administered on a one-to-one basis

As reflected in the objective, in order to demonstrate improvement in self-esteem, pre- and post-tests need to be administered to youth receiving case management services. The Program Manager worked with staff of the Department of Information Management to select an appropriate instrument to measure self-esteem. After staff reviewed the population and information desired, the Self-Directed Learning Readiness Scale (SDLRS) was recommended. The SDLRS is appropriate for measuring self-esteem and national norms have been established for adults and children. The version of the scale which is targeted for adults with low reading levels was determined to be most appropriate to use with populations served by the program and was also recommended by the developers of the scale.

Because the scale was selected in April, 1991, it was not possible to conduct pre- and post-tests to compare changes in self-esteem. As new students are assigned to case management in the fall, they will be administered the SDLRS and a post-test will be administered in the April or May, 1992.

This objective was not achieved due to late identification of the testing instrument.

23. At the conclusion of the program year, 90 percent of the youth who received case management services will demonstrate improvement in their family environment as evidenced by a narrative of activities and services which relate to an improved family environment.

DOCUMENTATION: A narrative report of case management activities and services which relate to an improved family environment

A review of the narrative reports submitted by case managers indicated that improvement in family environment had occurred in 46, or 72 percent, of the families. It was noted that there was a significant difference in comparing elementary and middle school families with high school families. At the elementary and middle school levels, 100 percent of the cases demonstrated improvement in the family environment. At the high school level, improvement was noted for 32, 73 percent, of the families. Some of the improvements that were noted in narrative reports included better communication among family members, stability in living environments, parents establishing boundaries at home which youth complied, multiple members of the family receiving counseling, youth leaving abusive home environments to live in a supportive atmosphere, and parents taking increased responsibility to meet their children's' basic and emotional needs.

The difference between the rates of improvement noted for high school versus lower grade levels, may be related to the dissolution of family relationships that has occurred by the time a student reaches high school. In some cases, students left abusive and dysfunctional family systems to live apart from their biological families. In most cases, this was perceived to be an appropriate and healthy choice for them as families of choice demonstrated an improvement in their family environment. In other cases, parents of high school youth were extremely discouraged and saw little hope for changing behaviors or trying new strategies at such a late point in their relationship. At a time when these youth were becoming more independent and assuming more responsibility as young adults, case managers focused on youths' achieving success separate from their families of origin. In most cases, it was possible to show progress that the youth achieved in reaching their individual objectives without the involvement of family. This would not, of course, be a realistic expectation from elementary or middle school students.

This objective was not met. It may be appropriate to have separate objectives that relate to improving family environment for high school and for middle and elementary school levels.

24. Throughout the program year, the case managers, center coordinators, and Program Manager will identify the natural strengths and resiliency factors of youth and families benefitting from case management services and incorporate these factors into their case management plans.

DOCUMENTATION: Copies of case management plans on file with the Program Manager

Students and their families assigned to case managers complete an assessment process which allows several opportunities for identification of their natural strengths and resiliency factors. These opportunities occur at the time of their initial intake and pre-assessment with the Center Coordinator, during the formal assessment conducted by staff from the Student Assistance Program of the National Council on Alcoholism and Other Drug Dependencies (NCA), and at the time they develop their case management plan with their case manager.

Case management plans were developed for each of the students assigned to a case manager and a summary of progress with identified goals and objectives was maintained. Samples of the Case Management Plan and Case Management Summary forms are attached in Appendices D and F.

The objective was met. Case Management Plans, Case Management Summaries, NCA Evaluations, and Pre-Assessments are maintained in individual students files.

25. Throughout the program year, the case managers, center coordinators, and Program Manager will communicate and reinforce the identified natural strengths and resiliency factors of youth and families benefitting from case management services to these individuals so these strengths are maintained and increased.

DOCUMENTATION: Copies of case management plans on file with the Program Manager

As stated in the previous objective, case management plans were developed for each of the students assigned to a case manager and a summary of progress with identified goals and objectives was maintained. Samples of the Case Management Plan and Case Management Summary forms are attached in Appendices D and F. As case management plans are developed with individual families, problem areas are identified, the goals and objectives are agreed upon, and the case manager communicates strengths and resiliency factors that will assist them in achieving their goals. Case management plans are revised as family needs change and the strengths and resiliency factors are communicated to families during individual or family counseling sessions, home visits, and school conferences.

The objective was met. Case Management Plans and Summaries are maintained in students' files.

26. Throughout the program year, the case managers, center coordinators, and Program Manager will identify parent and youth education seminars and activities which will strengthen the natural resiliency factors of youth and families.

DOCUMENTATION: Logs of seminars and activities offered on file with the Program Manager and Case Management Plans

Because SUCCESS Program staff needed to develop positive relationships and a trusting environment where family members could feel comfortable in voicing concerns and asking for and accepting assistance, staff focused on establishing trust and developing positive one-on-one relationships rather than in developing seminars and activities. Program experience demonstrated that building positive, trusting relationships with individual family members took considerable time. In some cases, it was often months before a family member would answer the door to permit a case manager into their home for a visit. When more positive, trusting relationships were established, family members became more open to the suggestions offered by staff and to accepting help from other agencies.

Some of the seminars and activities that parents and their children were encouraged to attend include:

Chemical Dependency Educational Series offered by Powell Chemical Dependency Center
Day Camp for Young Moms sponsored by the Young Women's Resource Center
Education and support sessions offered by Hamilton's Funeral Home for children or adults who have experienced a loss
Families in Transition offered by Lutheran Social Services of Iowa,
Friends of New Parents offered by Lutheran Social Services of Iowa,
Support group for parents of teens in interracial dating relationships offered by the SUCCESS Program,
Teens Tog offered by Hospice of Central Iowa

Staff of the SUCCESS Program are developing parent education seminars and activities to be offered during the 1991-92 school year.

The objective was met, and Logs of Seminars and Activities are on file with the Program Manager.

FUTURE PLANNING

This report represents the first District evaluation of the SUCCESS Program which began offering services to children, youth, and their families in the Fall of 1990. The experience of the program this year in providing school-based services in the primary areas of employment, mental health, preventive and primary health care and case management indicates that the outcomes for children, youth, and their families are positive in assuring that children and youth will graduate, be employable, and remain and become healthy and drug free.

Because the need for coordinated services is great and the intensive involvement with families that is provided by a case manager seems a critical factor in initiating and maintaining change, future plans provide for the addition of at least one case manager at Moulton Elementary and a center coordinator and case manager at Harding Middle School. These positions will be added as funding becomes available. Program staff will seek public funds and will coordinate private sector grant writing opportunities with staff of United Way of Central Iowa.

It is essential that professional, confidential office space be provided at Harding, in a manner similar to that provided at North High, if we are to be successful in re-positioning human service agency staff to work with youth and families within the schools and if we are to provide effective case management services. An area has been identified at Harding Middle School and a floor plan has been designed for creation of a Family Resource Center comparable to the one at North High School. There has been discussion among leadership staff of Harding, Middle and High School Programs, School Within A School, Des Moines Plan, and New Horizons/SUCCESS Program regarding ways to enhance services to students at risk at Harding including facility improvement.

Mentoring/tutoring services to students will be greatly expanded through the addition of three VISTA volunteers assigned to work with United Way of Central Iowa for the purpose of developing mentoring programs at each SUCCESS Program school. These VISTA volunteers will recruit volunteers who will receive formal training through a national mentoring program developed by United Way.

As an additional joint effort with United Way of Central Iowa, outreach to out-of-school youth will be expanded. Options for adding a case manager who would work exclusively with out-of-school youth are being explored at this time with United Way of Central Iowa.

In order to recognize the real impact that strategies and interventions employed by SUCCESS staff are having with children, youth, and their families, it is critical that objectives be written to accurately demonstrate progress where it is occurring. Several of the objectives which relate to student outcomes require revision to more accurately reflect the population that is being served. Children and youth are referred to the SUCCESS Program for a variety of reasons, such as attendance, poor school achievement and adjustment, family conflicts, or a combination of these factors.

The criteria identified for SUCCESS Program objectives for the first year of program operation were based on professional judgment rather than based on the realities of providing school-based youth services. In revising objectives for 1991-92, staff will identify criteria which are realistic and appropriate to the objectives being measured based on program experience.

Behavior is most likely to be changed when objectives are written so that the desired behaviors are identified and an increase is expected rather than stating what a person should not do or a behavior to be decreased. Therefore, in program objectives as well as objectives developed in case management plans, the desired behavior will be identified so that participants will know exactly what is expected of them. Consistent with this approach, a retention rate will be used instead of a dropout rate.

To recognize the unique characteristics of each child, youth, and family, individual case management plans will focus on specific, measurable objectives which are mutually agreed upon by all parties. An objective related to the attainment of identified case management goals will be added. Progress will be formally reviewed three times each year by SUCCESS staff and those receiving case management services. For those families who are not making progress, efforts will be made to engage an interdisciplinary team made up of staff from a variety of human service agencies who will brainstorm innovative strategies.

In order to continue to improve access to community resources, the number of staff re-positioned in Family Resource Centers will be increased. Also, a more structured system will be developed to monitor referrals that are made when particular services are not offered in Family Resource Centers. Staff will also improve access to information by offering programs and workshops themselves on topics relevant to those in need. Staff recognizes the need to improve the acceptance level and receptivity of students and their families to seeking help for emotional issues from mental health professionals. One way to address this would be for a therapist to de-mystify and de-stigmatize counseling services by speaking to classes and explaining what happens in the counseling process.

Regarding expanded use of technology, additional computers will be purchased for use by program staff. Staff will be encouraged to participate in training offered through the District to acquaint them with word processing and database software. Software that can be used to generate genograms (a diagram which illustrates generational issues) will also be used to make families aware of their dysfunctional generational issues. Expanding the use of technology will make it possible to process information more efficiently and expand time that is available for providing direct services to children, youth, and their families.

In addition, the Program Manager will be responsible for training staff from the three other HF 535 grant sites to implement the database system developed by the program which monitors student outcomes and services provided.

Program needs, listed in order of priority, and projected costs for 1991-92 are:

NEED	PROJECTED COST
1 Center Coordinator for Harding	$31,500
2 Case Managers (one at Harding and one at Moulton)	63,000
Remodeling of space at Harding which has been identified for the Family Resource Center (including air conditioning)	54,000
Furniture for Harding Family Resource Center	5,600

Office equipment for Harding Family Resource Center (copy machine rental, telephone)	10,000
3 Macintosh computers	3,500
2 Hewlett Packard printers	1,000
1 external hard drive	400
2 full page display screens	1,000

APPENDIX

Individual Services 1990-91	Appendix A
Summer Health Services Survey	Appendix B
Pre-Assessment Data	Appendix C
Case Management Plan	Appendix D
Authorization for Release of Information	Appendix E
Case Management Summary	Appendix F

SBYSP
Individual Services
1990-91

Community Des Moines School District No. 77-1737-000

		Age					Grade				Race/Ethnicity/Disability/Econ.								Referral Source					Magnitude of Service	Status of Services			
	Gender	Total	Under 13	13-15	16-19	20+	Under 6th	6-8th	9th-12th	Out of School	WH	BL	HIS	AA	AI	OTH	Econ Disadv	LEP	Sch	Par	Peer	Self	Other	No. of Contacts	In Center		Referred Out	
																									Ongoing	Discontinued	Ongoing	Discontinued
Individual Services																												
1. Received Services -Total	Male	125	36	41	47	1	31	18	65	11	83	38	3	1	–	–	31	51	112	5	8	–	–	1882	34	195	9	26
	Female	144	36	41	67	–	33	16	78	17	100	36	5	2	1	–	30	58	121	8	14	–	1	3189	88	181	6	40
2. Received services in more than one service area	Male	54	9	19	26	–	7	5	36	6	39	15	–	–	–	–	13	22	49	2	3	–	–	1379	28	137	9	19
	Female	64	3	23	38	–	4	8	44	8	45	17	2	–	–	–	11	23	57	3	3	–	1	2524	77	115	6	37
3. Received services in one service area only	Male	71	27	22	21	1	24	13	29	5	44	23	3	1	–	–	18		63	3	5	–	–	503	6	58	–	7
	Female	80	33	18	29	–	29	8	34	9	55	19	3	2	1	–	19		64	5	11	–	–	665	11	66	–	3
4. Referred for services but received none-Total	Male	18	8	6	4	–	6	5	5	2	15	3	–	–	–	–	4	9	17	1	–	–	–	0	–	–	–	–
	Female	33	6	11	16	–	7	8	14	4	22	9	1	1	–	–	9	14	31	–	2	–	–	0	–	–	–	–
Training and Employment 5. Received Services-Total	Male	8	–	5	3	–	–	1	5	2	7	1	–	–	–	–	2	4	7	1	–	–	–	10		2	5	2
	Female	7	–	3	4	–	–	3	4	–	5	2	–	–	–	–	1	2	5	1	1	–	–	9	3		1	3
6. Vocational Training	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0				
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0				
7. Work Experience	Male	7	–	4	3	–	–	–	5	2	6	1	–	–	–	–	1	4	6	1	–	–	–	8			5	2
	Female	3	–	–	3	–	–	–	3	–	2	1	–	–	–	–	1	2	1	1	1	–	–	3			0	3
8. Work Exploration	Male	2	–	1	1	–	–	1	1	–	2	–	–	–	–	–	1	1	2	–	–	–	–	2		2		
	Female	3	–	3	–	–	–	3	–	–	2	1	–	–	–	–	0	0	3	–	–	–	–	4	2		1	
9. Vocational Assessment	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0				
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0				
10. Work Placement	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0				
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0				
11. Transition Assistance	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0				
	Female	1	–	–	1	–	–	–	1	–	1	–	–	–	–	–	–	–	–	1	–	–	–	2	1			
*Preventive and Primary Health Care 12. Received Services-Total	Male	20	2	5	13	–	2	–	16	2	13	7	–	–	–	–	8	10	20	–	–	–	–	23	–	16		6
	Female	31	0	9	22	–	1	4	21	5	20	11	–	–	–	–	8	10	28	1	1	–	1	106	9	12	3	12
13. Injury Care	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0				
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	0				

Please see attached "ADDITIONAL INFORMATION RELATED TO PREVENTIVE AND PRIMARY HEALTH SERVICES"

SDYSP
Individual Services
1990-91

Community Des Moines School District No. 77-1737-000

	Gender	Age: Total	Age: Under 13	Age: 13-15	Age: 16-19	Age: 20+	Grade: Under 6th	Grade: 6-8th	Grade: 9th-12th	Grade: Out of School	Race/Ethnicity/Disability/Econ.: WH	BL	HI	AA	AI	OTH	Econ Disadvantaged	LD	Referral Source: Self	Sch	Fam	Self	Other	Magnitude of Service: No. of Contacts	Status of Services: In Center: Ongoing	In Center: Discharged	Referred Out: Ongoing	Referred Out: Discharged
14. Nutrition Care	Male	1	1	–	–	–	1	–	–	–	1	–	–	–	–	–	1	1	1	–	–	–	–	1	–	–	–	1
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
15. Immunizations *	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
16. Diagnostic Tests	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Female	1	–	1	–	–	–	1	–	–	1	–	–	–	–	–	–	–	1	–	–	–	–	1	–	–	–	1
17. Physical Exams & Screening	Male	1	–	–	1	–	–	–	1	–	–	1	–	–	–	–	–	1	1	–	–	–	–					1
	Female	1	–	1	–	–	1	–	–	–	1	–	–	–	–	–	–	1	1	–	–	–		1	–	–	–	1
18. Illness Care	Male	1	–	–	1	–	–	–	1	–	–	1	–	–	–	–	–	–	1					2				1
	Female	1	–	1	–	–	–	1	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	2				1
Acute		1	–	1	–	–	–	1	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	2				1
Chronic		1	–	–	1	–	–	–	1	–	–	1	–	–	–	–	–	1	1	–	–	–	–	2				1
19. Reproductive Health Care *	Male	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Female	21	–	5	16	–	–	2	15	4	11	10	–	–	–	–	8	7	19	1	1	–	–	89	9	6	2	4
20. Dental *	Male	1	1	–	–	–	1	–	–	–	–	1	–	–	–	–	–	1	1	–	–	–	–	1	–	–	–	1
	Female	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
21. Substance Abuse Treatment, Counseling, Therapy	Male	16	–	5	11	–	–	–	14	2	12	4	–	–	–	–	7	5	16	–	–	–	–	17		16		
	Female	7	–	2	5	–	–	1	5	1	6	1	–	–	–	–	0	2	6	–	–	–	1	9		6	1	
22. Other	Male	1	–	–	1	–	–	–	1	–	–	1	–	–	–	–	–	1	1	–	–	–	–	1				1
	Female	3	–	2	1	–	1	1	1	–	3	–	–	–	–	–	–	1	3	–	–	–	–	4				4
Mental Health 23. Received Services - Total	Male	35	8	13	14	–	6	5	20	4	26	9	–	–	–	–	6	15	31	1	3	–	–	67	7	31	4	6
	Female	51	3	17	31	–	3	5	36	7	35	14	2	–	–	–	7	20	45	3	3	–	–	224	35	38	3	3

SBYSP
Individual Services
1990-91

Community Des Moines School District No. 77-1737-000

		Age					Grade				Race/Ethnicity/Disability/Econ.								Referral Source					Magnitude of Service	Status of S.	
	Gender	Total	Under 13	13-15	16-19	20+	Under 6th	6-8th	9-12th	Out of School	WH	BL	HIS	AA	AI	O/U	Educ Disadv	LE	Sch	Par	Frm	Self	Other	No. of Contacts	In Group	
24. Screening (Eval. & Diag.)	Male	26	4	12	10	–	3	4	15	4	19	7	–	–	–	–	6	11	23	1	2	–	–	28	–	28
	Female	30	2	11	17	–	2	2	22	4	19	11	–	–	–	–	3	16	27	2	1	–	–	30	–	29
25. Individual Counseling/ Therapy	Male	11	3	4	4	–	2	2	7	–	8	3	–	–	–	–	3	3	9	1	1	–	–	30	6	–
	Female	27	2	7	18	–	2	1	22	2	23	2	2	–	–	–	3	10	24	1	2	–	–	118	21	3
26. Group Counseling/ Therapy	Male	1	1	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	1	–	–	–	–	1	1	
	Female	14	–	3	11	–	–	2	9	3	6	8	–	–	–	–	3	6	14	–	–	–	–	66	14	
27. Placement & Follow-up	Male	1	1	–	–	–	–	1	–	–	1	–	–	–	–	–	–	–	1	–	–	–	–	1		
	Female	2	–	1	1	–	–	1	1	–	1	1	–	–	–	–	1	1	1	1	–	–	–	2		
28. Crisis Intervention	Male	7	4		3		4	–	3	–	6	1	–	–	–	–	1	6	7	–		–	–	7		3
	Female	6	1	3	2	–	1	1	3	1	5	1	–	–	–	–	2	1	3	2	1	–	–	8		6
Other Services 30. Received Services - Total	Male	125	36	41	47	1	31	18	65	11	83	38	3	1	–	–	31	51	112	5	8	–	–	1782	27	146
	Female	144	36	41	67	–	33	16	78	17	100	36	5	2	1	–	30	58	121	8	14	–	1	2750	41	134
Case Management	Male	24	4	10	10	–	2	4	14	4	19	5	–	–	–	–	3	15	22	–	2	–	–	922	21	3
	Female	30	3	12	15	–	3	7	18	2	19	11	–	–	–	–	4	14	26	2	2	–	–	1255	30	
SBYSP Staff Coordination Services	Male	101	32	31	37	1	29	14	51	7	64	33	3	1	–	–	28	36	90	5	6	–	–	736	6	115
	Female	114	33	29	52	–	30	9	60	15	81	25	5	2	1	–	26	44	95	6	12	–	1	1344	11	103
Misc. Such as DayCare, Recreation Basic Needs, Protection, Tutoring	Male	40	11	14	15	–	4	9	7	20	25	12	2	1	–	–	10	21	37	1	2	–	–	124		28
	Female	53	16	17	20	–	6	16	11	20	33	19	–	–	1	–	10	28	44	2	7	–	–	151		31

SUMMER HEALTH SERVICES SURVEY

A nurse will be available at Moulton Elementary, Harding Middle, and North High schools this summer. We would like to know what services you, or other members of your family, would use if they were available at these schools.

1. Check each statement that applies to you. During the summer, I would see a school nurse if:

162 I were sick.
163 I had an injury.
127 I had a health question.
127 I thought I might be pregnant.
122 I needed a physical examination.
65 I had questions about my physical development.
113 I was being abused or hurt by someone.
128 My eyesight or hearing was bothering me.
70 I had questions about alcohol or other drugs.
73 I thought I might be abusing alcohol or other drugs.
99 I was concerned about someone else abusing alcohol or drugs.
137 I needed information about a health problem.
115 I needed to know where to get other medical services.
61 I had dental problems.
86 I was worried about what I eat or how I eat.
38 Other (Describe)

2. If these activities/classes/groups were offered at school during the summer, I would like to participate in:

47 Nutrition
68 Parenting
78 Relationships
58 Communication
37 Stop-Smoking
76 First-Aid Instruction
121 Aerobics
185 Weightlifting
78 Walking
86 Running
185 Team Sports
133 Bicycling
56 Support Groups for recovery from substance use or concerns about someone else who uses alcohol or other drugs (AA, Al-Anon, Al-Ateen)
17 Other (Describe)

3. I would most likely use services during the summer at:

21 Moulton
57 Harding
416 North

4. The time of day I would use these services would be:

128 Morning(7 A.M. - 11 A.M.) 260 Afternoon (Noon - 4 P.M.) 93 Evening (5 P.M. - 7 P.M.)

5. Would you need transportation to use services at the school you selected?

102 Yes 343 No

Thank you for participating in this survey.

School _____

SUCCESS Staff _____

Date _____

SUCCESS Program

PRE-ASSESSMENT DATA

I. INTAKE INFORMATION

Name _____ Birthdate _____

Gender _____ Grade Level _____ Race _____

Address _____ Zip _____

Telephone # _____ Parent/Guardian _____

Disability _____ F/RDL _____

Social Security Number _____

II. ADDITIONAL DATA:

	1990-91	1991-92
ABSENCES		
G.P.A.		
SUSPENSIONS		
EXTRA CURRICULAR ACTIVITIES		

Other Information (tardies, suspensions, etc):

III. PREVIOUS INTERVENTIONS/AGENCY INVOLVEMENT:

IV. GOAL OF CURENT INTERVENTION:

Referred for Case Management _____ Yes _____ No If yes, Case Manager Assigned _____

Other Goal:

Accomplished? _____ Yes _____ No

SUCCESS Program
CASE MANAGEMENT PLAN

Name _____ Problem # ____

I. PROBLEM:

_____

_____

II. GOAL (long term):

_____

_____

A. OBJECTIVE (short term): _____

METHOD (assignment or intervention): _____

_____

_____

Person responsible: _____ To be completed by: _____

Date completed: _____ Initials (responsible staff): _____

B. OBJECTIVE (short term): _____

METHOD (assignment or intervention): _____

_____

_____

Person responsible: _____ To be completed by: _____

Date completed: _____ Initials (responsible staff): _____

C. OBJECTIVE (short term): _____

METHOD (assignment or intervention): _____

_____

_____

Person responsible: _____ To be completed by: _____

Date completed: _____ Initials (responsible staff): _____

_____ _____

Student Signature Case Manager

_____ _____

Parent Signature Date

300

School _____

SUCCESS PROGRAM
AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____
Birthdate: _____
Social Security Number: _____-_____-_____

The SUCCESS Program is designed to provide health, human and employment services in a comprehensive manner to children, youth and their families with the goals of assisting children and youth to succeed in school, complete high school, become productive workers and contributors to the community and be healthy and drug free.

The services available under this program are related to education, employment, preventative and primary health care, mental health, substance abuse, housing and other basic needs, and family counseling.

_____ has been identified as appropriate and indicates an interest in participating in the SUCCESS Program and authorizes those agencies designated below:

___Boys and Girls Club of Des Moines
___Broadlawns Hospital
___Central Iowa Employment and Training Consortium
___Children and Families of Iowa
___Des Moines Child and Adolescent Guidance Center
___Des Moines Health Center
___Des Moines Public Schools
___Des Moines Tutoring Center
___Family Physician_____
___First Call for Help/United Way
___Girl Scouts
___Higher Education Information Center
___Iowa Comprehensive Human Services
___Iowa Methodist Medical Center
___(Other) _____

___Iowa State University Extension
___Job Service of Iowa
___Polk County Juvenile Court
___National Council on Alcoholism*
___Our Primary Purpose
___Planned Parenthood
___Iowa Department of Human Services and Polk County Social Services
___Willkie House
___Young Women's Resource Center
___Youth Emergency and Shelter Services ___Youth Law Center
___(Other) _____
___(Other) _____
___(Other) _____

(*Student Assistance Program, Employee Assistance Program and Central Assessment Center)

to exchange among themselves for coordination of services the records indicated below relating to the student's care/case management/ treatment plan:

___ summaries and notes of participation in services offered by the above named agencies
___ evaluations and recommendations
___ psychological and psychiatric testing and evaluation results